

HOTEL AND MOTEL INCOME AND EXPENSE SURVEY

For the 2006 Calendar Year

City of Falls Church



Return to: City of Falls Church
Real Estate Assessor's Office, 104-W
300 Park Avenue
Falls Church, Virginia 22046-3301

Voice: (703) 248-5107 (TTY 711)
 Fax: (703) 248-5184
 Email Address: real-estate@fallschurchva.gov
 On the Internet: www.fallschurchva.gov

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.

A	Debt Service Information (within last 5 years)					
	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
	Has there been a professional appraisal on this real property in the last five years? [] Yes [] No					
B	Certification OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State Law requires certification by the owner or officially authorized representative.					
	<i>Please print or type all information except signature.</i>					
	1. Name of management company _____					
	2. Address _____					
	3. Contact Person _____ Phone _____					
	4. E-Mail address _____					
	All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.					
5. Signature (required) _____ Date _____						
6. Print name _____						
7. Title _____						

For Office Use Only - - Do Not Write Below this Line

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

CONFIDENTIAL

C	General Property, Management, Rate, and Occupancy Information <u>General Property Information</u> 1. Total number of rooms? _____ (Singles _____ Doubles _____ Suites _____) 2. Is there a restaurant facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Seating Capacity _____ 3. Conference meeting area: _____ Number of rooms _____ Area _____ Sq. Ft. _____ 4. Amenities (pools, exercise facilities, etc.) _____ <u>Ownership and Management Information</u> 5. Is the property owned by a national hotel chain? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is the property operated and managed by this company? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Is the property currently operated under a franchise agreement with a hotel chain? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is the fee structured? (i.e., Flat dollar amount of % of revenue, NOI, etc.) _____ Initial Fees: _____ Advertising Fees: _____ Royalty Fees: _____ Reservation Fees: _____ 7. Is the property operated under a management contract (other than owner)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system? Yes <input type="checkbox"/> No <input type="checkbox"/> How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.) _____ <u>Occupancy and Rate Information</u> 8. Total number of rooms sold over the previous 12 months (same period as reported in Section D) _____ 9. What was the average occupancy over the previous 12 months? _____ %. 10. Total room nights available (Total number of rooms x 365) _____ nights 11. What was the Average Daily Room rate (ADR) over the previous 12 month period? (Total gross room revenue divided by total number of rooms sold.) _____	
	Annual Income Income for Period _____ mo _____ day 2006 yr to _____ mo _____ day 2006 yr Actual Room Rental Income Received _____ Sales of Food/Sundry Services _____ Sales of Beverages/Sundries _____ Telephone Income _____ Lease Income _____ Other Income (specify) _____ Total Actual Income (sum of lines above) _____	
	Capital Improvements, Renovations Have there been Capital Improvements or Capital Renovations to the property during this <u>reporting period</u> : If the property was completed in 2003, see instructions. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide total cost here and attach a detailed list on separate page. Total capital cost _____ <u>New construction</u> – Submit most recent AIA documents G702 and G703 and associated soft costs.	
	Department Costs Rooms _____ Food & Beverages _____	

Rooms _____

Food & Beverages _____

	Telephone _____	
	Other (specify) _____	
	Total Department Costs (Sum of lines above) _____	
G	Operating Expenses	
	1. <u>Utilities</u>	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities (specify) _____	_____
	2. <u>Management and Administrative</u>	
	Management Fees	_____
	Incentive Management Fees	_____
	Franchise Fees	_____
	Advertising	_____
	Other Administrative/Payroll (specify) _____	_____
	3. <u>Maintenance and Repair</u>	
	Maintenance Payroll/Supplies	_____
	HVAC Repairs	_____
	Electric/Plumbing Repairs	_____
	Elevator Repairs	_____
	Roof Repairs	_____
	Pool/Recreational	_____
	Common Area/Exterior Repairs	_____
	Decorating (i.e. painting, carpet, etc.)	_____
	Other Repairs/Maintenance (specify) _____	_____
4. <u>Services</u>		
Janitorial/Cleaning (Payroll/Contract)	_____	
Landscaping (grounds maintenance)	_____	
Trash	_____	
Security	_____	
Snow Removal	_____	
Other Services (specify) _____	_____	
5. <u>Insurance and Taxes</u>		
Fire, Casualty Insurance (one year)	_____	
Other Taxes, Fees:		
Personal Property	_____	
Business License	_____	
Other (specify) _____	_____	
6. <u>Total Operating Expenses Without Reserves</u>		
Reserves for Replacement	_____	
7. <u>Total Operating Expenses Including Reserves</u>	_____	
H	NET OPERATING INCOME _____	
	Section D (Total Actual Income) less Section F (Total Departmental Costs) less Section G (Total Operating Expenses Including Reserves).	
I	Real Estate Taxes _____	